Mail or Email form to:
Health-Tech Institute of Memphis
3874 Viscount Ave Suite 1.
Memphis, TN 38118
Phone: 901-610-6278
Email: jhenderson@htim.edu

Current Name (Last, First, Middle) _____

Former Name (if applicable) _____

Telephone _____ Date of Birth _____

Address _____City, State _____ Zip _____

Signature _____ Date of Request _____

Complete the following information:

Are you currently enrolled at HTIM? ____Yes ____No – If currently enrolled, list dates of attendance: _____

Reason for Request:

____Undergraduate School ____Personal Copy ____ Externship

Other: Please Specify _____

Release Academic Record to (Name/Address/Fax). Please Print:	**# of Copies**
(Attach additional addresses if necessary.)	

OFFICE USE ONLY Initials: _____ Date Sent: _____ Comments: _____